January 2021

Florida Department of Health - Hillsborough County
Disease Surveillance Newsletter

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TO REPORT A DISEASE:

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Health Advisories, News, and Alerts

- CDC's Information on COVID-19 Vaccines
- DOH-Hillsborough <u>COVID-19 Vaccine Distribution Update from</u> 12.16.2020
- Information from the FDA about the Pfizer COVID-19 Vaccine
- Information from the FDA as of 12.17.2020 about the <u>Moderna</u> COVID-19 Vaccine
- 2021 Communicable Disease Investigation and Reporting HIPPA letter requiring practitioners, hospitals and laboratories to notify the FDOH of diseases or conditions of public health significance.

CDC and FDOH Travel Notices:

- <u>Travel tips during COVID-19</u> Please be advised traveling can increase the spread of COVID-19 and the best way to prevent transmission is to stay home.
- <u>Candida auris throughout Florida</u> An emerging fungal pathogen that is transmitted in health care settings has been identified in Florida. As of November 30, 2020, there have been 322 confirmed cases since 2017.
- Antibiotic-Resistant Infections from Tijuana Antibiotic-resistant infections found in U.S. patients following medical procedures in Mexico.
- <u>Polio in Africa</u> Wild-type polio was eradicated in 2020 however, vaccine-derived poliovirus can still cause outbreaks in places where vaccine rates are low.

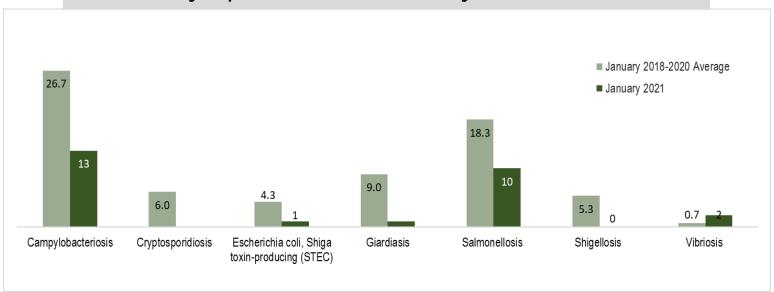
Mission: To protect, promote & improve the health of all people in Florida through integrated state & community efforts.

Vision: To be the Healthiest State in the Nation

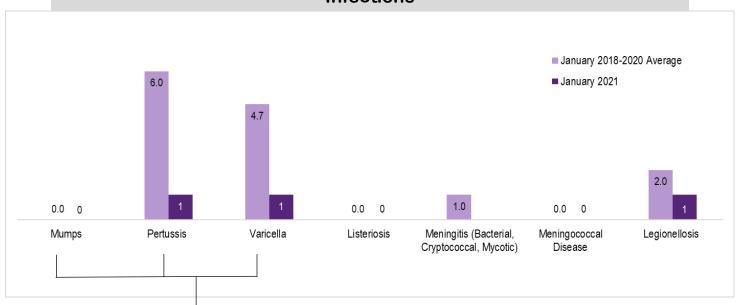
Ron DeSantis Governor



January Reportable Disease Summary - Enteric Infections



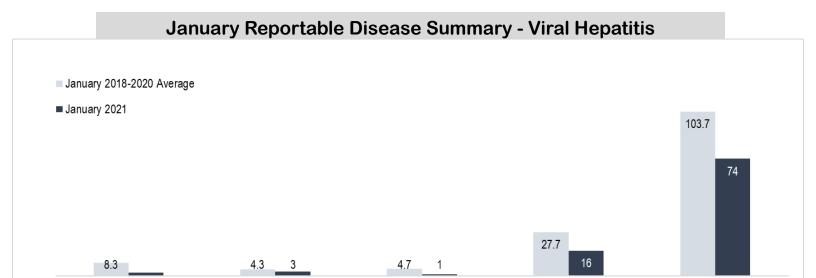
January Reportable Disease Summary - Other Common Reportable Infections



These vaccine reportable diseases are summarized monthly in the state Vaccine Preventable Disease Report, which is available online at: http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/vaccine-preventable-disease-report-archive.html

Hepatitis A

Hepatitis B (Acute)

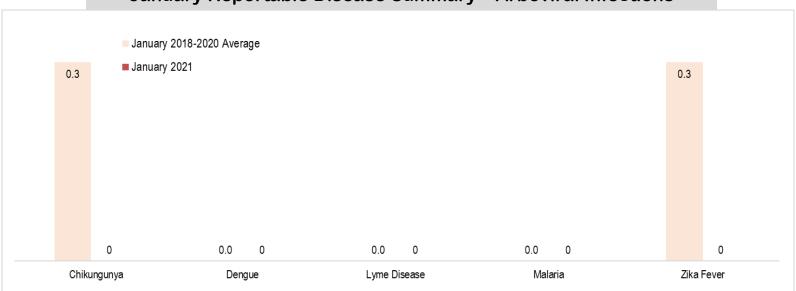




Hepatitis C (Acute)

Hepatitis B (Chronic)

Hepatitis C (Chronic)



Cases of any infection are reported based on the county where the person's home address is. Hillsborough County has no reported infections of mosquito-borne diseases this year. In 2020, Hillsborough County has reported two infections of Lyme Disease, a tick-borne disease. Both cases were exposed in the Northeastern region of the United States.

The Florida Department of Health releases a weekly arboviral surveillance report that is available here: http://www.floridahealth.gov/%5C/diseases-and-conditions/mosquito-borne-diseases/surveillance.html

The data in these charts represent the most common reportable diseases investigated by the Epidemiology Program. All of the state's reportable disease data is available for the public to search on FL CHARTS here:

http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx To build your own search, click on the link for "Reportable Diseases Frequency Report".

The case numbers for 2021 are provisional and subject to change until the yearly database is closed, usually around April of the following year. Once the numbers are finalized, the state puts together a comprehensive Florida Annual Morbidity Statistics Report that details case trends and notable outbreak investigations. The report for 2018 and previous years are available at: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html

2019 Novel Coronavirus Information & Statistics Worldwide

- <u>Frequently Asked Questions and Answers</u> provided by the CDC regarding the spread, prevention, testing, contact tracing and vaccinations regarding COVID-19
- <u>Novel Coronavirus Information for Travelers</u> provided by the CDC if you are considering travelling, when to delay travel, and travel recommendations by destination.
- Clinical information for healthcare providers when evaluating patients for possible 2019-nCoV.
- <u>Interim Infection Prevention and Control Recommendations</u> for patients with known or patients under investigation for 2019 Novel Coronavirus (2019-nCoV) in a healthcare setting
- Situation summary of <u>Cases in the US</u> regarding COVID-19 including case trends, demographics, and forecasting provided by the CDC.
- GIS Map of Current Cases Worldwide including COVID-19 data broken down by each country and in the U.S. provided by Johns Hopkins University.
- Latest News Updates from CDC on 2019-nCoV with a list of resources available.

How to get tested for COVID-19?

- Call Hillsborough County COVID hotline at 888-513-6321 or visit <u>www.hillsboroughcounty.org/staysafe</u> to book an appointment
- If you have questions regarding the vaccine you may call the state hotline at 886-779-6121 or email your questions to COVID-19@flhealth.gov

Hillsborough County COVID-19 Surveillance 2019-2021

The link to the Hillsborough County weekly COVID-19 surveillance report can be found here

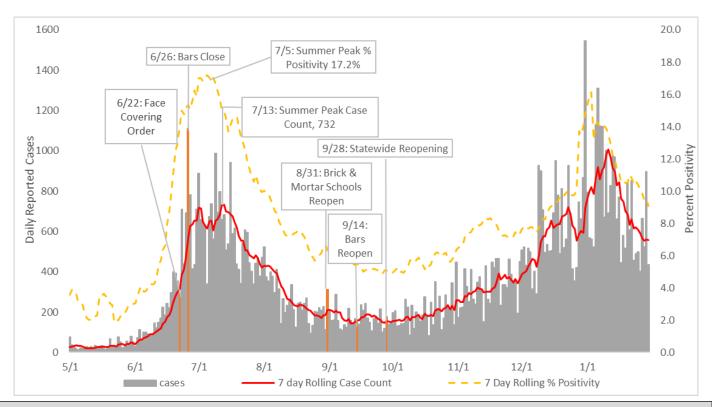


Figure 1: Daily new COVID-19 cases and percent positivity trends in Hillsborough County residents. Hillsborough county has reported 100,764 cases as of January 30th, 2021.

Total cases	100,990							
Florida residents	100,134							
Non-Florida residents	856							
Type of case								
PCR positive	80,983							
Antigen positive	19,151							
Gender for Florida residents								
Men	46,020							
Women	53,077							
Unknown	1,037							
Age for Florida residents								
Range	0 - 110							
Median age	38							

Race, ethnicity	Cases		Hospitaliza	tions	Deaths		
White	45,726	46%	1,524	57%	882	67%	
Hispanic	16,002 ■	16%	466	17%	194 ▮	15%	
Non-Hispanic	25,473	25%	934	35%	583	44%	
Unknown ethnicity	4,251	4%	124 l	5%	105 I	8%	
Black	11,999 ■	12%	625	23%	202	15%	
Hispanic	985	1%	22	1%	7	1%	
Non-Hispanic	9,848	10%	567	21%	178	13%	
Unknown ethnicity	1,166	1%	36	1%	17	1%	
Other	16,645	17%	475	18%	181 ■	14%	
Hispanic	8,751	9%	283	11%	92	7%	
Non-Hispanic	4,696 ▮	5%	148 I	5%	61 l	5%	
Unknown ethnicity	3,198 I	3%	44	2%	28 l	2%	
Unknown race	25,764	26%	69 I	3%	54 l	4%	
Hispanic	2,996 I	3%	7	0%	3	0%	
Non-Hispanic	1,315	1%	6	0%	2	0%	
Unknown ethnicity	21,453	21%	56 I	2%	49	4%	
Total	100,134		2,693		1,319		

Figure 2 & 3: Summary statistics of COVID-19 in Hillsborough County including cases broken down by testing type, gender, median age, and race/ethnicity as of January 4th, 2021.

Hillsborough County Influenza Report 2020

Flu Level:



Flu Trend: **Stable**



Flu Activity This Week (January 24 – January 30)

- Influenza activity overall has decreased this past month, and flu activity is still at low levels in Hillsborough County.
- Positive influenza labs overall remained stable Flu types A and B have been evenly distributed in the past week.
- No influenza outbreaks were reported in week 4.

Flu Activity This Season (September 27 – January 30)

- Total Outbreaks: No outbreaks of influenza or ILI have been reported during the 2020-2021 flu season.
- Total Deaths: Hillsborough County has reported no pediatric mortalities in the current flu season.

For statewide data see the Florida Flu Review.

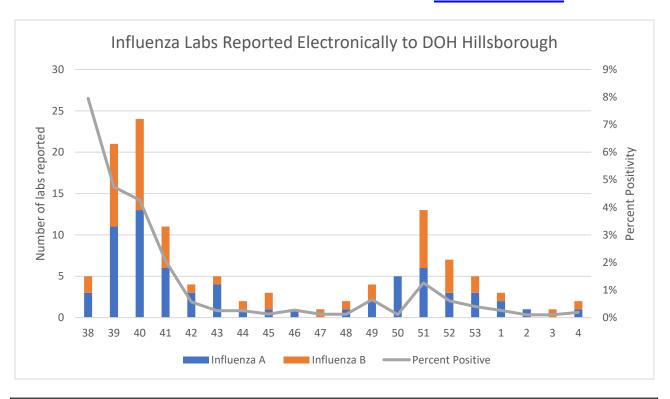


Figure 4: In week 4, the percentage of positive influenza tests slightly increased for influenza A and for influenza B. Overall the percentage of tests positive decreased this past month.

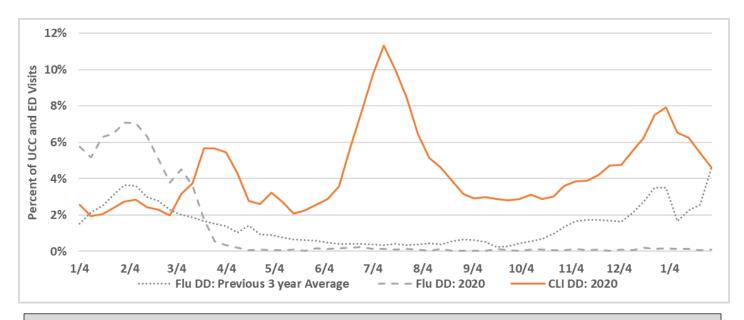


Fig 5: Percentage of Urgent Care Center, Hospital, and Emergency Department visits with a discharge diagnosis for influenza, or COVID like illness in Hillsborough County. Visits remain well below the historical values for flu.

Additional notes about data sources and data collection for the charts used in this newsletter:

Merlin reportable disease database: Merlin serves as the state's repository of reportable disease case reports, including automated notification of staff about individual cases of high-priority diseases. Access to Merlin is available only to approved Department of Health employees. COVID data is entered in Merlin in multiple ways. Data fields associated with Electronic Lab Reports (ELRs) or electronic case reports will be auto populated when available. As the data is collected from case investigations the Merlin database will be updated. Some data elements, such as deaths and group care associations (Jails, LTCFs, and Schools) are reviewed by local and state staff for accuracy. Data within Merlin is considered provisional and is subject to change.

ESSENCE-FL: The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida, call data from the Florida Poison Information Center Network, reportable disease data from the Merlin database, and mortality data from the Florida Office of Vital Statistics. The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.

Reportable Diseases/Conditions in Florida



Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- Report immediately 24/7 by phone
- Report next business day
- Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune
- deficiency syndrome (AIDS)
- Amebic encephalitis
- ! Anthrax
- Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- Babesiosis
- Botulism, foodborne, wound, and unspecified
- Botulism, infant
- Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- R Chikungunya fever, locally acquired
- Chlamvdia
- ! Cholera (Vibrio cholerae type O1)
- · Ciguatera fish poisoning
- + Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- Escherichia coli infection, Shiga toxinproducing
- Giardiasis, acute
- ! Glanders
- Gonorrhea
- Granuloma inguinale

- ! Haemophilus influenzae invasive disease in children <5 years old</p>
- Hansen's disease (leprosy)
- R Hantavirus infection
- Memolytic uremic syndrome (HUS)
- R Henatitis A
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women and children <2 years old
- Merpes B virus, possible exposure
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV)
- HIV-exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV)associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- Influenza-associated pediatric mortality in children <18 years old</p>
- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphogranuloma venereum (LGV)
- Malaria
- Measles (rubeola)
- Melioidosis
- Meningitis, bacterial or mycotic
- Meningococcal disease
- Mercury poisoning
- Mumps
- Neonatal abstinence syndrome (NAS)
- Neurotoxic shellfish poisoning
- Paratyphoid fever (Salmonella serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- Pertussis

- Pesticide-related illness and injury, acute
- ! Plaque
- ! Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- Rabies, animal or human
- Rabies, possible exposure
- Ricin toxin poisoning
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- I Rubella
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- Severe acute respiratory disease syndrome associated with coronavirus infection
- Shigellosis
- ! Smallpox
- Staphylococcal enterotoxin B poisoning
- Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- Streptococcus pneumoniae invasive disease in children <6 years old
- Syphilis
- Syphilis in pregnant women and
- neonates
 Tetapue
- Trichinallacia /
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- ! Tularemia
- Typhoid fever (Salmonella serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- Vibriosis (infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1)
- ! Viral hemorrhagic fevers
- West Nile virus disease
- Yellow fever
- ! Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that *Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.* Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that *The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."





Per Rule 64D 3.029, Florida Administrative Code, promulgated October 20, 2016 (laboratory reporting requirements differ)

Patient Information						Medical Info	mation				
SSN	:					MRN:					
Last name					-	Date onset:			Dat	te diagn	osis:
First name					-	Died:	O Yes	O No	_	known	
Middle						Hospitalized:	O Yes	O No	O Un	known	
Parent name					-		Hospital name				
	: O Male		If female,	O Vos	-		Date admitted			Date disc	harned:
Gender	O Female		pregnant:				Date darritte	u		Date disc	
	O Unknown			O Unknown		Insurance:					
Birth date			Death date:			Treated:	O Yes	O No	O Un	known	
	· O American Ir	dian/Δla		O White	-		Specify				
Nucc	O Asian/Pacifi			O Other			treatment:				
	OBlack			O Unknown							
Ethnicity	: D Hispanic D Non-Hispan D Unknown	ic				Laboratory testing:	O Yes	O No	O Uni	known	Attach laboratory result(s) if available
Address	:				_	Provider Info	rmation				
ZIP	:	County	:			Physician:					
City	:			State:		Address:					
Home phone	:]	City:				State:	ZIP:
Other phone	:				•	Phone:					
Emergency phone	:				-	Fax:					
Email	:				Ī	Email:					
To obtain local county health should be made using the Adu	department contact info	ormation, se	e www.FloridaHealth.gov/CHI	DEpiContact. See www.F	loridaHeal	th.gov/DiseaseReport	ing for other repor	ting question	s. HIV/AID	S and HIV-ex	posed newborn notification
people <13 years old. Please o	contact your county health to the Agency for Health Ca the CHD where the patien	department f are Administr it resides.	for these forms (visit www.Flor ation in its inpatient discharge	idaHealth.gov/CHDEpiCo data report pursuant to 0	ntact to ob Chapter 59E	ain contact information). Congenital anon ation should be dire	nalies and neo	onatal abst rida Cancer	tinence syndi r Data System	ormen otheration occurs when the comment of the com
Amebic encephalitis			Gonorrhea		•	Melioidosis					eoccus aureus infection, ate or full resistance to
Anthrax			Granuloma inguinale			Meningitis, bacte			_	vancomy	cin (VISA, VRSA)
☐ Arsenic poisoning			Haemophilus influenza disease in children <5			Meningococcal of				disease ir	ccus pneumoniae invasive children <6 years old
Arboviral diseases no	t otherwise listed		Hansen's disease (lepi		_	Mercury poisonir	ng			Syphilis	-
☐ Babesiosis ☐ Botulism, foodborne,	wound and	2 🗆	Hantavirus infection		_	Mumps			2 _	Syphilis in neonates	pregnant women and
unspecified	woulid, alld		Hemolytic uremic synd	rome (HUS)		Neurotoxic shell Paratyphoid feve				Tetanus	
☐ Botulism, infant			Hepatitis A			serotypes Paraty	phi A, Paratyph	hi B,		Trichinello	osis (trichinosis)
Brucellosis			Hepatitis B, C, D, E, ar		* -	and Paratyphi C Pertussis)			Tuberculo	sis (TB)
California serogroup v	virus disease		Hepatitis B surface ant women and children <			Pesticide-related	l illness and init	urv.		Tularemia	
☐ Campylobacteriosis		2 🗆	Herpes B virus, possib			acute	,	,,		Typhoid fo Typhi)	ever (Salmonella serotype
☐ Carbon monoxide poi	soning		Herpes simplex virus (<60 days old with disse		_ : _	Plague			<u> </u>		ver, epidemic
Chancroid			infection and liver invol	lvement;		Poliomyelitis	h ! - }			Vaccinia o	
☐ Chikungunya fever	and the second second		encephalitis; and infect skin, eyes, and mouth;			Psittacosis (ornit Q Fever	nosis)			Varicella ((chickenpox)
Chikungunya fever, Id	ocally acquired		in children <12 years of	ld	_	Rabies, animal of	r human		! 🗆	Venezuela	an equine encephalitis
☐ Chlamydia ☐ Cholera (Vibrio choler	roo typo O1)		Human papillomavirus associated laryngeal p			Rabies, possible					infections of Vibrio species ly related organisms,
☐ Ciguatera fish poison			recurrent respiratory pa children <6 years old; a		-	Ricin toxin poiso				excluding	Vibrio cholerae type O1)
☐ Conjunctivitis in neon			papillomas in children			Rocky Mountain		ind		Viral hem	orrhagic fevers
☐ Creutzfeldt-Jakob dis		•	Influenza A, novel or p		• -	other spotted fev	er rickettsioses	5	_ 🗆	West Nile	virus disease
☐ Cryptosporidiosis	cuse (OUD)		Influenza-associated p in children <18 years of		•	Rubella	-1141 -		- : -	Yellow fev	
☐ Cyclosporiasis			Lead poisoning (blood			St. Louis enceph	iaiitis			Zika fever	
Dengue fever			≥5 ug/dL) Legionellosis				ing (paralytic st	nellfish			s of any disease, any case, cases, or exposure to an
☐ Diphtheria			Leptospirosis		• -	poisoning)				infectious	or non-infectious disease,
☐ Eastern equine encep	ohalitis	_	Listeriosis			Severe acute res syndrome assoc				general co	or agent found in the ommunity or any defined
☐ Ehrlichiosis/anaplasm			Lyme disease			infection					g., hospital, school, other) not listed above that is of
Escherichia coli infect	tion, Shiga toxin-		Lymphogranuloma ver	nereum (LGV)		Shigellosis				urgent pu	blic health significance.
producing Giardiasis, acute			Malaria	. ,		Smallpox	atausta de B			specify in	comments below.
Glanders			Measles (rubeola)			Staphylococcal	enterotoxin B po	oisoning			
Comments:									٦	Coming	
											's Reportable?" app and Android